ALZHEIMER'S DISEASE TASK FORCE RECOMMENDATION FORM

Please include only one recommendation on each form.

This form must be returned via e-mail to katie.mulford@iowa.gov no later than 5:00 p.m., Wednesday Nov. 21, 2007 Name Mary Jo Sikkema **Phone** 712-279-5802 **Agency, if any** Alzheimer's Association, Iowa Chapter Network E-mail marvio.sikkema@alz.org Address 420 Chambers Street, P.O. Box 3716, Sioux City, IA 51102-3716 Each recommendation must fit into one of the following categories. Please check the appropriate box: **Education** and training **Services and housing Funding and reimbursement** Wellness and disease management **RECOMMENDATION:** All Alzheimer's and dementia education curricula for required annual trainings for staff, be approved by the State. In addition, the State to provide suggested recommendations on the content of pre-employment training within appropriate degree and certificate programs. IN 250 WORDS OR LESS, PLEASE INCLUDE COMMENTS, JUSTIFICATION, RESOURCES OR OTHER INFORMATION TO HELP THE TASK FORCE UNDERSTAND THE IMPORTANCE OF YOUR RECOMMENDATION. State certification of training programs and curricula creates an independent accountability and oversight structure to ensure the quality of the training received by all participants. Certification helps to ensure that the content of the program adequately addresses the key components of Alzheimer's disease and the most effective methods of providing quality care to individuals with the disease as demonstrated by research and best practice. Certification also ensure that the most effective presentation methodology is utilized which adopts well-established practice for adult learners. Finally, certification also ensures standardizing of curricula for all participants.